

DSHS Rules Coordinator

PROPOSED RULE MAKING

CR-102 (June 2004) (Implements RCW 34.05.320)

1889	Do NOT use for expedited rule making		
Agency: Department of Social and Health Services, Aging and Disability Services Administration			
 ✓ Preproposal Statement of Inquiry was filed as WSR 10-04-112 ☐ Expedited Rule MakingProposed notice was filed as WSR _ ☐ Proposal is exempt under RCW 34.05.310(4). 	; or Supplemental Notice to WSR Continuance of WSR		
Title of rule and other identifying information: (Describe Subject)			
The department is proposing amendments to the following sections: WAC 388-101-3000 Definitions, WAC 388-101-3050 Application for initial certification; WAC 388-101-3220 Administrator responsibilities and training; WAC 388-101-3250 Background checks Washington state			
The department is proposing the following new sections: WAC 388-101-3245 Background check-General; WAC 388-101-3253 National fingerprint background checks-Required; WAC 388-101-3255 Background checks-Provisional hire-Pending results; WAC 388-101-3258 Training requirements for staff hired before January 1, 2011; WAC 388-101-3302 Certified community residential services and supports-General training requirements			
Hearing location(s):	Submit written comments to:		
Office Building 2 - Auditorium (DSHS Headquarters) 1115 Washington Olympia, WA 98504 Public parking at 11th and Jefferson. A map is available at: http://www1.dshs.wa.gov/msa/rpau/RPAU-OB-2directions.html or by calling 360-664-6094.	Name: DSHS Rules Coordinator Address: PO Box 45850, Olympia WA, 98504-5850 Delivery: 4500 – 10 th Ave. SE, Lacey, Washington 98503 E-mail: DSHSRPAURulesCoordinator@dshs.wa.gov Fax: (360) 664-6185 by 5 p.m. on June 22, 2010		
Date: June 22, 2010 Time: 10:00 a.m.	Assistance for persons with disabilities: Contact Jennisha		
	Johnson, DSHS Rules Consultant by June 8, 2010		
Date of intended adoption : Not earlier than June 23, 2010 (Note: This is NOT the effective date)	TTY (360) 664-6178 or (360) 664-6094 or by e-mail at johnsjl4@dshs.wa.gov		
Purpose of the proposal and its anticipated effects, including any changes in existing rules:			
The purpose of this proposed rule making is to implement Chapters 74.39A and 18.88B RCW as codified from Initiative Measure No. 1029 and Engrossed Second Substitute House Bill 2284 (E2SHB 2284) Chapter 361, Laws of 2007.			
 Highlights of proposed changes: Revisions to be consistent with the training requirements in Chapter 388-112 WAC. Revisions to implement the finger print-based background check requirements effective January 1, 2012. Clarify requirements in the criminal history background check section. 			
Reasons supporting proposal: To have the rules comply with the statutes referenced above.			
Statutory authority for adoption: Chapter 71A.12 RCW Statute being implemented: Chapter 71A.12 RCW			
Is rule necessary because of a: □ Yes □ No □ Yes □ No	CODE REVISER USE ONLY		
If yes, CITATION: DATE April 27, 2010	OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED		
NAME (type or print) Katherine Vasquez	DATE: May 03, 2010 TIME: 9:30 AM		
SIGNATURE N. Vage	WSR 10-10-079		
TITLE			

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:		
Name of proponent: (person or organization) D	Department of Social and Health Services	☐ Private
(Forest of General Conference of General Con		☐ Public ☐ Governmental
Name of agency personnel responsible for:		
Name	Office Location	Phone
Drafting John Gaskell	P.O. Box. 45600, Olympia, WA 98513	(360) 725-3210
Implementation Lori Melchiori	P.O. Box. 45600, Olympia, WA 98513	(360) 725-2404
Enforcement Lori Melchiori	P.O. Box. 45600, Olympia, WA 98513	(360) 725-2404
Has a small business economic impact state	ment been prepared under chapter 19.85 RCW?	
	omic impact statement.	
A copy of the statement may be obtained by contacting: Name: John Gaskell, Program Manager		
Address: P.O. Box 45600 Olympia, WA 98504-5600		
phone (360) 725-3210		
fax (360) 438-7903		
e-mail <u>gaskejw@dshs.wa.gov</u> No. Explain why no statement was prepared.		
□ No. Explain why no statement was prepared.		
Is a cost-benefit analysis required under RCW 34.05.328?		
	may be obtained by contacting:	
Name: John Gaskell, Program M Address: P.O. Box 45600 Olympia		
Address. 1 .O. Box 45000 Olympia	1. WA 90004-3000	
phone (360) 725-3210		
fax (360) 438-7903 e-mail gaskejw@dshs.wa.gov		
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☐ No: Please explain:		